



APPLICATION FOR FEDERAL EXCESS PERSONAL PROPERTY
Department of Natural Resources \ Division of Forestry
State Form 50311 (7-01)

1. Date of Application _____
2. Department Name _____
(please provide full legal name)
3. Department Address _____

4. Department E-Mail Address _____
5. Was this department formed within the last 24 months? Yes \ No
6. Department NIFRS Number _____ - _____
(2 digit county + 3 digit department, example 55.015)
7. County _____ Township _____
8. What is the approximate population base served by your department? _____
9. What is the approximate size of your departments **primary protection** area? _____
10. Attach a county or township map showing the location of your department and the primary protection area for which you are responsible to the back of the application.
11. List any federal or state (public) properties (greater than 500 acres) that fall within your **primary protection** area.

12. Is this request for assistance based on an emergency situation that jeopardizes your ability to provide fire protection to your protection area? **Yes \ No**

If "Yes" please explain in the space below. You may attach additional sheets if necessary.

13. Please list three **daytime** contacts for your department.

Name	Rank	Phone or Pager Number

14. The applicants certify that to the best of their knowledge that the information provided in this application to be true and correct, and that they will comply with the program guidelines if accepted.

(Please print or type the applicant's full name)

(Official Title)

(Signature)

(Date)

(Business Telephone Area Code + Number + Extension)
Telephone Area Code + Number)

(Home

Your department's application will remain on file for a period of two years.

Return this application to:

Fire Control Headquarters
6220 Forest Road
Martinsville, IN 46151
Phone (765) 342-4701
Fax (765) 342-4760